MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATION

Seq. # 2002172007



FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. 2. Type of Filing a. ☐ Original OR b. ☑ Amendment to Item(s): 3. Full Name Of Committee (must include candidate's first and last name) 4. Candidate Last Name First No. 4a. County of Residence 4c. Driver License # (Optional)	Name M.I. 4b. Political Party (If applicable)	
4a. County of Residence	4b. Political Party (If applicable)	
4d. Office Sought: (Check one)		
☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Repre ☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ District Court ☐ Probate Court ☐ Detroit Recorders Court	☐ Attorney General ☐ Court of Appeals t ☐ Supreme Court Justice ☐ Circuit Court	
4e. District # or Jurisdiction	Local or Other (Please Specify	
5. Date Committee Was Formed Mo/Day/Yr)	6. Committee Area Code and Phone Number	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 7a. Committee Street Address (Maynot be P. O. Box) 7a. Committee Street Address (Maynot be P. O. Box)		
8. <u>Treasurer.</u> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 9. <u>Designated Record keeper.</u> Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.		
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver License # (Optional)	
10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived. 11. Names and Addresses of depositories or intended depositories of committee funds.		
11. Names and Addresses of depositories or intended depositories of comm (Bank, Credit Union or Savings & Loan Association)	Candidate Committee.	
11a. Official Depository: COMMUNITY CENTRAL BANK. 11b. Secondary Depository: 11c. Official Depositor		
11b. Secondary Depository:		
13. Verification: NWe certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of mylour knowledge or belief. Current Treasurer Type or Print Name Candidate Type or Print Name Type or Print Name Signature Signature Signature Signature Date Mo. Day Year		







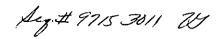


STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. 0/35331-50		
2. Type of Filing a. ☐ Original OR b. ☑ Amendment to Item(s)# 4°C c. Date Change(s) Took Place 5 / 10 / 00	
3. Full Name Of Committee COMMITTEL 70 L	LECT TAMES SENSTOCK	
4. Candidate Last Name First N	Name M.I.	
4a. County of Residence	4b. Political Party (If applicable)	
4c. Driver License # (Optional)		
4d. Office Sought: (Check one)		
☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Representative ☐ Secretary of State ☐ State Board of Education ☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ Attorney General ☐ Court of Appeals ☐ District Court ☐ Probate Court ☐ Detroit Recorders Court ☐ Supreme Court Justice ☐ Circuit Court		
4e. District # or Jurisdiction NARRISON TWF	Local or Other (Please Specify <u>SUPERVISOR</u>	
5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code	7a. Committee Street Address (May <u>not</u> be P. O. Box)	
Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) Area Code and Phone Driver License # (Optional)	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone Driver License # (Optional)	
10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.		
 Names and Addresses of depositories or intended depositories of comm (Bank, Credit Union or Savings & Loan Association) 	nittee funds. 12. This item applies only to a Gubernatorial Candidate Committee.	
11a. Official Depository:	Check if this committee intends to seek qualifying contributions for public funding.	
11b. Secondary Depository:	qualitying contributions for public funding.	
13. Verification: I\We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my\our knowledge or belief. Current Treasurer Type or Print Name Candidate TWHS SENSTOCK Mo. Day Year Candidate TWHS SENSTOCK Mo. Day Year		
Candidate TAMES SENSTOCK CAMBO	Date 5-10-00 ture Mo. Day Year	

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES





TYPE OR PRINT CLEARLY, AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES, SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR AFFICIAL HOP ONLY

ON THE FORM CHANGES, SEE INSTRUCTIONS ON REVERSE FOR	UPDATING PROCEDURES. FOR OFFICIAL USE ONLY	
1. Committee identification No. 1/3533/-50		
2. Type of Filing a. Original OR b. Amendment to Item(s)# //A c. Date Change(s) Took Place 5127197		
3. Full Name Of Committee COMMITTEE TO ELEC	TAMES SENSTOCK	
4. Candidate Last Name First	Name M.I.	
4a. County of Residence	4b. Political Party (If applicable)	
4c. Driver License # (Optional)		
☐ Governor ☐ State Senator ☐ State Re	presentative Secretary of State State Board of Education	
☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU	Attorney General Court of Appeals	
☐ District Court ☐ Probate Court ☐ Detroit Recorders Court	urt Supreme Court Justice Circuit Court	
Local or Other (Please Specify)	4e. District # or Jurisdiction	
5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 7a. Committee Street Address (May not be P. O. Box)		
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the emmittee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.		
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver License # (Optional)	
10. TREPORTING WAIVER The committee does NOT expect to receive of automatically lost if the committee exceeds the \$1,000 threshold. (Direct an \$1,000.00 Reporting Waiver threshold.) Funds left over from one election cour	int toward the "amount received" for the next election. Please note: If a	
11. Names and Addresses of depositories or intended depositories of committee of the commit	ttee funds. 12. This item applies only to a Gubernatorial Candidate Committee.	
11a. Official Depository: STANDARD FEDERAL BANK 11b. Secondary Depository: CUNTON TWP MI	18035-177) ☐ Check If this committee intends to seek qualifying contributions for public funding.	
13. Verification: IWVe certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.		
	1/29/07	
Treasurer JAMES SENSTOCK, JAMES	SUNSIGN Date Mo. Day Year	
Current JAMES SENSTOCK, GMBS Type or Print Name Signature Candidate JAMES SENSTOCK, MANUEL	Sentoth 10 5/89/97	
Candidate JAMES SENSTOCK SUNUS Type or Print Name Signature	Mo. Day Year	

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES



TYPE OR PRINT CLEARLY, AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES. FOR OFFICIAL USE ONLY 1. Committee Identification No. b. Amendment to Item(s)# 4d c. Date Change(s) Took Place 4 17 197 2. Type of Filing a. Original OR 3. Full Name Of Committee First Name M.I. 4. Candidate Last Name 4b. Political Party (If applicable) 4a. County of Residence____ 4c. Driver License # (Optional) _ 4d. Office Sought: (Check one) ☐ State Board of Education ☐ Secretary of State Governor Lt. Governor ☐ State Senator ☐ State Representative Court of Appeals ☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ Attorney General ☐ Probate Court ☐ Detroit Recorders Court ☐ Circuit Court ☐ Supreme Court Justice ☐ District Court LANSE CLUESE 6. Committee Area Code and Phone Number (Mo/Dav/Yr) 5 Date Committee Was Formed 7a. Committee Street Address (May not be P. O. Box) 7. Committee Mailing Address (May be P. O. Box) Include Zip Code 9. Designated Recordkeeper. Name and address of the person (other 8. Treasurer, Name and Mailing Address of Committee Treasurer (Last than the treasurer) who will be responsible for the committee's records and Name, First Name, Middle Initial. Please Include Zip Code.) Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone Driver License集(Optional) Area Code and Phone Driver License # (Optional) 10.
REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived. 12. This item applies only to a Gubernatorial 11. Names and Addresses of depositories or intended depositories of committee funds. Candidate Committee. 11a. Official Depository: 11b. Secondary Depository: ☐ Check if this committee intends to seek qualifying contributions for public funding. 13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief. Current
Treasurer
Type or Print Name

Candidate
Type or Print Name

Signature

Signature

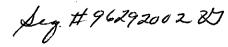
Signature

Signature

Signature

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATIONS FOR CANDIDATE COMMITTEES





TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES. FOR OFFICIAL USE ONLY 1. Committee Identification No. 00/35 33/ b. Date Change(s) Took Place 10 196 a. Original OR 2. Type of Filing 3. Full Name Of Committee COMMITTE TO ELECT JAMES SENSTOCK 4. Candidate Last Name First Name 4b. Political Party (If applicable) 4a. County of Residence___ 4c. Driver License # (Optional) 4d. Office Sought: (Check one) ☐ Secretary of State State Board of Education ☐Lt. Governor ☐ State Senator ☐ State Representative Governor Court of Appeals ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ Attorney General ☐ Bd of Regents UM Circuit Court ☐ Probate Court ☐ Detroit Recorders Court ☐ Supreme Court Justice ☐ District Court Local or Other (Please Specify) 4e. District # or Jurisdiction_ 6. Committee Area Code and Phone Number 5. Date Committee Was Formed (Mo/Day/Yr) (1) 7. Committee Mailing Address (May be P. O. Box) Include Zip Code 7a. Committee Street Address (May not be P. O. Box) 316AB SAN JUAN NARRISON TWP MI 48045 31698 SAN TUAN HARKISON TWP MI 48045 9. Designated Recordkeeper. Name and address of the person (other 8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these SENSTOCK, JAMES P responsibilities, leave this item blank. 31698 SAN JUAN HARRISON TWP MI 48045 Driver License # (Optional) Area Code and Phone Driver License # (Optional) Area Code and Phone 810 463-9150 10.
REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000:00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000,00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived. 12. This item applies only to a Gubernatorial 11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: Candidate Committee. 11b. Secondary Depository: Check if this committee intends to seek qualifying contributions for public funding. 13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief. Current
Treasurer JAMES SENSTOCK
Type or Print Name

Candidate JAMES SENSTOCK
Type or Print Name Signature 96



FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

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		7 - 1		***
1 Committee Identification No.		3. Type of Filing		
135 331	-50	Original Amendment to Item(s)	11	
2. Full Name of Committee		Date Change To		
COMMITTEE TO ELECT				1291
JAMES SENSTOCK		Month	<i>30</i>	
4. Candidate Name		County of Residence		
Office Sought (include district or jurisdiction	served)	Party (if applicable)		THE PART OF THE PA
5. Committee Street Address (street, city, state	, zip code)	5a. Committee Mailing Addr	ess (if differe	
41432 BAYHAVEN	/	1		
HARRISON TOWNSHIP	M1 48045	į		
HAKKI STILL		1		
6 Date Committee Was Formed 8	3. Full Name and Mailing Addre	ess of Treasurer	Area	Epde and Phone
	TAMES SE	VSTOCK		
7 Committee Area Code and Phone	41432 BAYNAV	EN		
	HARRISSON TWI	M 48045	-	47. W
9 Identify the person who will be responsible for the	committee's records and Campaign	Statement filings.lf committee's tre	asurer will han	die these responsibilites,
leave this item blank. Name	Mailing Address			Area Code/Phone
10 REPORTING WAIVER SECTION				
The Committee does NOT expect to r	eceive or expend in excess of	\$1,000.00 in an election.		
11 Names and addresses of depositories or in and any secondary depositories).	itended depositories of committ	ee funds (list both official dep	pository	12. This item applies only to a gubernatorial Candidate Com-
HUNTING TON	BANKS			mittee.
39840 BRIDGEVIE	W STREET		1	L. Check if this committee intends to seek qualifying
MARKISON TWF.				contributions for public funding.
13 Verification: I/We certify that all reasonable complete to the best of my/or		reparation of the above state	ment, and the	eat the contents are true, accurate ar
Treasurer JAMES SENST	ock / B	anus Alm	noch	Date 9/5/96
Type or Print Name	, , , //	Signature		Mo. Day Yes
Condidate JAMES SENS	TOCK / /CA	ares Sus	1000	Date
Type or Print Name		Signature		Mo. ⊂ Day Yea
14. FOR OFFICEHOLDERS' USE ONLY	(Complete only if you have es	tablished an Officeholder Expe	nse Fund)	
	. t		1	
14a Full Name and Address of Officeholder Expense Fund		nd Address of Treasurer of Expense Fund	į 14c.	Officeholder Expense Fund Depository Name and Address
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	i 1			
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CFR 101 (5/89)	Authority granted under A	ct 388 of 1976, as amended	l .	



STATEMENT OF ORGANIZATION FOR CANDIDATE COMETTEE

MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

Jug. # 94827004 29

Type or Print Clearly	
1 Committee	3. Type of Filing
Identification No.	Original
135 331 - 50	Amendment to Item(s) 58, //
2. Full Name of Committee COMMITTEE TO ELECT	Date Change Took Place
JAMES SENSTOCK	JAN 31 1994
	Month Day Year
4. Candidate Name	County of Residence
Office Sought (include district or jurisdiction served)	Party (if applicable)
5. Committee Street Address (street, city, state, zip code)	5a. Committee Mailing Address (if different from street address)
41432 BAYHAVEN	\$ 1
HARRISON TOWNSHIP MI 48045	
6 Date Committee Was Formed 8. Full Name and Mailing A	Address of Treasurer Area Code and Phone
Mo Day 2 STAMES S	
7 Committee Area Code and Phone 41432 BAYA	AVEN
TO HARRISSON 7	WP M 48045
9 Identify the person who will be responsible for the committee's records and Camp	aign Statement filings.if committee's treasurer will handle these responsibilities.
Name Mailing Address	Area Code/Phone
1. CO 1.	
TX .	
10 REPORTING WAIVER SECTION The Committee does NOT expect to receive or expend in excess	of 61 000 00 in an alastica
11 Names and addresses of depositones or intended depositories of con and any secondary depositories).	12. This item applies only to a
FIRST NATIONAL BANK	gubernatorial Candidate Com- mittee.
34564 HARPER	Check if this committee
24204 Marrier	intends to seek qualifying contributions for public
MT. CLEMENT, MI 4804	funding.
13 Verification: I/We certify that all reasonable diligence was used in the	ne preparation of the above statement, and that the contents are true, accurate a
complete to the best of my/our knowledge or belief.	
Treasurer JAMES SENSTOCK / FA	Mes SIMMOUN Date 1/25/94
Treasurer JAMES SENSTOCK Sendidate	Signature Mo. Day Ye
Candidate Type or Print Name	Mes Sensor Date 1/25/94
	Signature Mo. / Dáy Ye
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have	a cetablished an Officeholder Synance Sundi
200 Have	osemenen en Ourcemmer Exhanse Laud)
	e and Address of Treasurer of 114c. Officeholder Expense Fund Deposito
	der Expense Fund Name and Address
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STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE Elections Division

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Type or Print	t Clearly
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1. Committee		3. Type of Filing	
Identification No.		Original Original	
135331	- <i>50</i>	Amendment to Item(s)	//
2. Full Name of Committee COMMIT	THE TO ELECT	Effective Date of A	mendment
		1 7	19 92
JAMES SE	NSTOCK	Month D	<u>/9</u> <u>9</u> <u>7</u> av Year
4. Candidate Name	SENSTOCK	County of Residence	ACOMB
1			
Office Sought TAUSTER -	HARLISON TWO	Party (if applicable)	KRUBUCHN
5. Committee Street Address (street, city, sta	ate zio codel	5a. Committee Mailing Address (i	f different from street address)
41432 GAYHAVE		i	and the first street educessy
MT CLEMENS	M1 48045		
6. Date Committee Was Formed	8. Full Name and Mailing Add	Irace of Transurar	Area Code and Phone
•		Cale marile	Area Code and Phone
Mo. / Day ZO Yr. 92	J NMES SE	NOSIUCE (313) 463 9150
7. Committee Area Code and Phone	41432 GAY	YAVEN	
(313) 463-9150	MT CLEMEN	15 11 48045	Area Code/Phone
9. Identify the Principal Officers of this Comm	nittee, other than the Treasurer		Ö
Name	Title or Position	Maille Address	
((doing	THE OF FOSITION	Mailing Address	Area Code/Phone
Ì			HENS. TO
			55 S
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10 REPORTING WAIVER SECTION			· · · · · · · · · · · · · · · · · · ·
10 REPORTING WAIVER SECTION The Committee does NOT expect to	receive or expend in excess o	f \$1,000,00 in an election	9
The Committee does NOT expect to			*
The Committee does NOT expect to			*
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories).	intended depositories of comm	ittee funds (list both official depositor	Y 12. This item applies only to a gubernatorial Candidate Com-
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories).	intended depositories of comm	ittee funds (list both official depositor	y 12. This item applies only to a
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). [M] [A] [A] [A] [A]	intended depositories of comm	ittee funds (list both official depositor	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). [M] [A] [A] [A] [A]	intended depositories of comm	ittee funds (list both official depositor	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). MICHIGAN CRATIOT C	NATIONAL. L	ittee funds (list both official depositor	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). MICHIGAN CRATIOT COMMITTIES	intended depositories of comm NATIONAL. 15 MILL NS MI	ittee funds (list both official depositor	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding.
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). MICHIGAN CHATIOT COMMITTED COLUMN 13. Verification: I/We certify that all reasonal	intended depositories of comm NATIONAL. 15 MILL NS MI	ittee funds (list both official depositor	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). MICHIGAN CRATIOT COMMITTIES	intended depositories of comm NATIONAL. 15 MILL NS MI	ittee funds (list both official depositor	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding.
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). MICHIGAN CHATIOT COMMITTED COLUMN 13. Verification: I/We certify that all reasonal	intended depositories of comm NATIONAL. 15 MILL NS MI	ittee funds (list both official depositor	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding.
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). ALCATIOT (A.C.A.T.OT) AT (ALCATIOT) 13. Verification: I/We certify that all reasonal complete to the best of my/or and any secondary depositories.	intended depositories of comm NATIONAL. 15 MILL NS MI	ittee funds (list both official depositor	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding. and that the contents are true, accurate and
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). ALATIOT COMMITTERM CLARK (1144) 13. Verification: I/We certify that all reasonal complete to the best of my/o	intended depositories of comm NATIONAL. 15 MILL NS MI	HERE funds (list both official depositor) HERE SUF 3 preparation of the above statement,	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding. and that the contents are true, accurate and
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). MICHICAN CRATICT CO MT CILME 13. Verification: I/We certify that all reasonal complete to the best of my/o	intended depositories of comm NATIONAL. 15 MILL NS MI	ittee funds (list both official depositor	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding. and that the contents are true, accurate and
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). MICHICAN CRATICT COMMITTERMS 13. Verification: I/We certify that all reasonal complete to the best of my/of the secondary depositories. Treasurer Type or Print Name Candidate TAMES SEA	intended depositories of comm NATIONAL. 15 MILL NS MI	SANK 18043 preparation of the above statement, Signature Signature Signature Signature Signature Signature	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding. and that the contents are true, accurate and Mo. Date
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). MICHICAN CRATICT CO MT CILME 13. Verification: I/We certify that all reasonal complete to the best of my/o	intended depositories of comm NATIONAL. 15 MILL NS MI	HERE funds (list both official depositor) HERE SUF 3 preparation of the above statement,	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding. and that the contents are true, accurate and Date Mo. Day Year
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). MICHICAN CRATICT COMMITTERMS 13. Verification: I/We certify that all reasonal complete to the best of my/of the secondary depositories. Treasurer Type or Print Name Candidate TAMES SEA	intended depositories of comm NATIONAL. 15 MILL NS MI	SANK 18043 preparation of the above statement, Signature Signature Signature Signature Signature Signature	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding. and that the contents are true, accurate and Mo. Date
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). MICHICAN CRATICT COMMITTERS 13. Verification: I/We certify that all reasonal complete to the best of my/of the secondary depositories. Treasurer Type or Print Name Candidate TAMES SEA	intended depositories of comm NATIONAL. 15 MILL 15 MIL	PROY3 preparation of the above statement, Signature Signature Signature	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding. and that the contents are true, accurate and Date Mo. Day Year Mo. Day Year
The Committee does NOT expect to 11. Names and addresses of depositories or and any secondary depositories). MICHIGAN CRATIOT COMMITTERS 13. Verification: I/We certify that all reasonal complete to the best of my/of the secondary depositories. Treasurer Type or Print Name Candidate Type or Print Name	intended depositories of comm NATIONAL. 15 MILL 15 MIL	PROY3 preparation of the above statement, Signature Signature Signature	12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding. and that the contents are true, accurate and Date Mo. Day Year Mo. Day Year
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STATEMENT OF ORGANIZATION

FOR CANDIDATE COMMITTE
MICHIGAN DEPARTMENT OF STATE Bureau of Elections
and the second s

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Type or Print Clearly	92022015 PA B 19 11
Committee Identification No.	3. Type of Filing Original
135331-50	Amendment to Item(s)
2. Full Name of Committee COMMITTEL TO KILLOT	Date Change Took Place
JAMES SENSTOCK	Month Day Year
4. Candidate Name JAMES SENSTOCK	County of Residence MACOMB
Office Sought (include district or jurisdiction served) TRUSTEK — HARRISON TWF	Party (if applicable) REPUBLICAN
5. Committee Street Address (street, city, state, zip code) 4/43Z GAYHAVEN	5a. Committee Mailing Address (if different from street address) i
MT CIEMENS, MI 48045	
6. Date Committee Was Formed Mo. Day 20 Yr. 92 4/43 2 GA>	ENSTOCK (313) 463-9150
(313) 463-9150 MT CLEME	VS M1 48045
9 Identify the person who will be responsible for the committee's records and Campaign leave this item blank. Name Mailing Address	Statement filings.If committee's treasurer will handle these responsibilites, Area Code/Phone
10. REPORTING WAIVER SECTION The Committee does NOT expect to receive or expend in excess of	\$1,000.00 in an election.
Names and addresses of depositories or intended depositories of commit and any secondary depositories).	gubernatorial Candidate Com-
HUNTINGTON BANK -BR	DEEVIEW Check if this committee
	intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the complete to the best of my/our knowledge or belief.	preparation of the above statement, and that the contents are true, accurate and
TOMES SENSTACK / CA	mas senstock 1/20/92
Treasurer TAMES SENSTOCK / ATTYPE OF Print Name Candidate TAMES SENSTOCK /	Signeture Date Mo./ Day Year
Candidate JAMES SENSTOCK Type or Print Name	Signature Date / 20/72
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have es	tablished an Officeholder Expense Fund)
	nd Address of Treasurer of 14c. Officeholder Expense Fund Depository Expense Fund Name and Address
·	I

Authority granted under Act 388 of 1976, as amended.